

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: DIODE-PUMPED SOLID STATE LASER

Attorney Docket Number:: 033033-025

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Stephan

Middle Name::

Family Name:: GEIGER

Name Suffix::

City of Residence:: Prittlbach

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Dorfstr. 53

City of Mailing Address:: Prittlbach

State or Province of Mailing  
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing  
Address:: 85241

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Martin
Middle Name::	
Family Name::	PASTER
Name Suffix::	
City of Residence::	Ebersberg
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Aiblinger Anger 14
City of Mailing Address::	Ebersberg
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	85560
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Siegfried
Middle Name::	
Family Name::	FREER
Name Suffix::	

City of Residence:: Germering  
State or Province of Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: Lohengrinstrasse 52  
City of Mailing Address:: Germering  
State or Province of Mailing Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: 82110

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

### **Representative Information**

Representative Customer Number:: 21839

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application:: Parent Filing Date::</b>
This Application	National Stage of	PCT/EP2003/010056 09/10/03

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Germany	102 41 986.8	09/11/02	Yes

## **Assignee Information**

Assignee Name::	TUI LASER AG
Street of Mailing Address::	Industriestrasse 15
City of Mailing Address::	Germering
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	82110